

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. _____ FILING DATE _____

APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2	/					
3	/					
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50						
TOTAL IND.	3					
TOTAL DEP.	11	↔	↔	↔		
TOTAL CLAIMS	12	████████	████████	████████	████████	████████

TOTAL IND.

TOTAL DEP.

TOTAL CLAIMS

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.						
TOTAL DEP.		↔	↔	↔		
TOTAL CLAIMS		████████	████████	████████	████████	████████